

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/566844 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1				51						
2		1					52						
3			1				53						
4	2		1				54						
5	1		1				55						
6	1		1				56						
7	1		1				57						
8	1		1				58						
9	1		1				59						
10	1						60						
11	1		1				61						
12	1		1				62						
13	1		1				63						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		2										
TOTAL DEP.	13	←	9	←		←							
TOTAL CLAIMS	14		11										